

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED MENDIOLA, MAX S.		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:04-000056-001		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. MENDIOLA		8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED Appellant		10. REPRESENTATION TYPE (See Instructions) Other	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)				<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">DISTRICT COURT OF GUAM</div> <div style="text-align: right; margin-top: 10px;"> 2006 MAR - 2 2006 </div>			
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).							
14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary)				<div style="font-weight: bold; font-size: 1.2em;">MARY L.M. MORAN</div> <div style="font-weight: bold;">CLERK OF COURT</div>			
A. Apportioned Cost % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Signature of Attorney</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Printed Name</div> <div></div> </div> <div style="margin-top: 10px;"> Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization </div>				16. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Signature of Presiding Judicial Officer or By Order of the Court</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Date of Order</div> <div>_____ Nunc Pro Tunc Date</div> </div>			
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS <div style="text-align: right; margin-top: 10px;">Telephone Number: _____</div>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE							
20. TRANSCRIPT		Include Page Numbers	No. of Pages	Rate Per Page	Sub-Total	Less Amount Apportioned	Total
Original							
Copy							
Expenses (itemize):							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Claimant/Payee: _____</div> <div>Date: _____</div> </div>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Attorney or Clerk _____</div> <div>Date _____</div> </div>							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Judicial Officer or Clerk _____</div> <div>Date _____</div> </div>							24. AMOUNT APPROVED